

**SCHEDULE A**

**ITEMIZED RECEIPTS**

See separate schedule for each receipt  
 For each receipt, see the "Receipt Summary" page

Any information supplied from such receipts and statements may not be used by any person for the purpose of soliciting contributions or for electoral purposes, other than using the name and address of any political committee to obtain contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
 Robb for Senate

|  |  |   |  |
|--|--|---|--|
| <p><b>A. Full Name, Mailing Address and Zip Code</b><br/>                 James A. Glasgow<br/>                 8448 Brook Road<br/>                 Mc Lean, VA 22102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>                                | <p><b>Name of Employer</b><br/>                 Morgan, Lewis &amp; Bockius</p> <p><b>Occupation</b><br/>                 Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p> | <p><b>Date (month, day, year)</b><br/>                 06/30/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 500.00</p>   |
| <p><b>B. Full Name, Mailing Address and Zip Code</b><br/>                 Deborah J. Glick<br/>                 863 Broadway<br/>                 Suite 2120<br/>                 New York, NY 10003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p> | <p><b>Name of Employer</b><br/>                 New York Assembly</p> <p><b>Occupation</b><br/>                 State Legislature</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>  | <p><b>Date (month, day, year)</b><br/>                 06/01/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 250.00</p>   |
| <p><b>C. Full Name, Mailing Address and Zip Code</b><br/>                 Jerome E. Glick<br/>                 16 S. Central Avenue<br/>                 Saint Louis, MO 63105-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>                       | <p><b>Name of Employer</b><br/>                 Glick Real Estate</p> <p><b>Occupation</b><br/>                 Owner</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>            | <p><b>Date (month, day, year)</b><br/>                 06/26/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 1,000.00</p> |
| <p><b>D. Full Name, Mailing Address and Zip Code</b><br/>                 Judy Glick<br/>                 16 S. Central Avenue<br/>                 Saint Louis, MO 63105-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>                            | <p><b>Name of Employer</b><br/>                 Glick Real Estate</p> <p><b>Occupation</b><br/>                 Owner</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>            | <p><b>Date (month, day, year)</b><br/>                 06/28/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 1,000.00</p> |
| <p><b>E. Full Name, Mailing Address and Zip Code</b><br/>                 Judith Gluckstern<br/>                 52 Thompson Street<br/>                 New York, NY 10012-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>                          | <p><b>Name of Employer</b></p> <p><b>Occupation</b><br/>                 Homemaker</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>   | <p><b>Date (month, day, year)</b><br/>                 06/19/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 1,000.00</p> |
| <p><b>F. Full Name, Mailing Address and Zip Code</b><br/>                 Carl Frank Godfrey, Jr.<br/>                 9386 Mount Vernon Circle<br/>                 Alexandria, VA 22309-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>            | <p><b>Name of Employer</b><br/>                 Cassidy &amp; Associates</p> <p><b>Occupation</b><br/>                 Consultant</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>  | <p><b>Date (month, day, year)</b><br/>                 06/08/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 500.00</p>   |
| <p><b>G. Full Name, Mailing Address and Zip Code</b><br/>                 C. F. Gaines, ...<br/>                 2036 Park Avenue<br/>                 Richmond, VA 23220-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p>                            | <p><b>Name of Employer</b><br/>                 Branch Cavell Company</p> <p><b>Occupation</b><br/>                 Analyst</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>        | <p><b>Date (month, day, year)</b><br/>                 06/13/2000</p> | <p><b>Amount of Each Receipt this Period</b><br/>                 250.00</p>   |

|   |                 |
|---|-----------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>           | <p>4,500.00</p> |
| <p><b>TOTAL</b> This Period (last page this line number only)</p> |                 |